TennCare Companion Guide

837 Health Care Claim : Professional V5010X222A1

Version: 1.0 Final

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Company: Bureau of TennCare

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Trading Partner: Medicare Advantage Plan

Notes:

Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

Table of Contents

Health Care Claim : Professional	
Interchange Control Header	14
Functional Group Header	
Transaction Set Header	
Beginning of Hierarchical Transaction	
Billing Provider Name	
Subscriber Name	17
Other Subscriber Information.	

837

Health Care Claim: Professional

Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Not Defined:

<u>Pos</u>	<u>Id</u> ISA GS	Segment Name Interchange Control Header Functional Group Header	<u>Req</u> M M	<u>Max Use</u> 1 1	Repeat	<u>Notes</u>	<u>Usage</u> Required Required
Heading	: :						
Pos	, <u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
0050	ST	Transaction Set Header	M	1			Required
0100	BHT	Beginning of Hierarchical Transaction	M	1			Required
LOOP I	D - 1000	<u>A</u>			1	N1/0200L	,,,,
0200	NM1	Submitter Name	O	1		N1/0200	Required
0450	PER	Submitter EDI Contact Information	О	2			Required
LOOP I	D - 10001	В	•		1	N1/0200L	
0200	NM1	Receiver Name	О	1	_	N1/0200	Required

Detail:

Pos	<u>Id</u>	Segment Name	Req	Max Use	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP	ID - 2000A	<u>A</u>			<u>>1</u>		
0010	HL	Billing Provider Hierarchical Level	M	1			Required
0030	PRV	Billing Provider Specialty Information	О	1			Situational
0100	CUR	Foreign Currency Information	О	1			Situational
LOOP	ID - 2010A	<u> </u>			<u>1</u>	N2/0150L	
0150	NM1	Billing Provider Name	O	1		N2/0150	Required
0250	N3	Billing Provider Address	O	1			Required
0300	N4	Billing Provider City, State, ZIP Code	О	1			Required
0350	REF	Billing Provider Tax Identification	О	1			Required
0350	REF	Billing Provider UPIN/License Information	О	2			Situational
0400	PER	Billing Provider Contact Information	О	2			Situational

LOOP	ID - 2010A	A R			1	N2/0150L	
0150	NM1	Pay-to Address Name	0	1	<u>T</u>	N2/0150L N2/0150	Situational
0250	N3	Pay-To Address - ADDRESS	0	1		11/2/0130	Required
0300	N4	Pay-to Address City, State,	0	1			Required
0300	114	ZIP Code	U	1			Required
LOOPI	ID - 2010A	\C			1	N2/0150L	
0150	NM1	Pay-To Plan Name	O	1	<u> </u>	N2/0150	Situational
0250	N3	Pay-To Plan Address	0	1		112/0130	Required
0300	N4	Pay-To Plan City, State, ZIP	0	1			Required
0300	117	Code	O	1			Required
0350	REF	Pay-To Plan Secondary Identification	О	1			Situational
0350	REF	Pay-To Plan Tax Identification Number	О	1			Required
LOOP	ID - 2000I	3			>1		· · ·
0010	HL	Subscriber Hierarchical Level	M	1			Required
0050	SBR	Subscriber Information	O	1			Required
0070	PAT	Patient Information	O	1			Situational
LOOP	D - 2010I	3A			1	N2/0150L	···
0150	NM1	Subscriber Name	О	1	_	N2/0150	Required
0250	N3	Subscriber Address	O	1			Situational
0300	N4	Subscriber City, State, ZIP Code	O	1			Situational
0320	DMG	Subscriber Demographic Information	O	1			Situational
0350	REF	Subscriber Secondary Identification	O	1			Situational
0350	REF	Property and Casualty Claim Number	O	1			Situational
0400	PER	Property and Casualty Subscriber Contact Information	О	1			Situational
LOOP	ID - 2010I	<u> </u>			1	N2/0150L	
0150	NM1	Payer Name	О	1	_	N2/0150	Required
0250	N3	Payer Address	O	1			Situational
0300	N4	Payer City, State, ZIP Code	O	1			Situational
0350	REF	Payer Secondary Identification	O	3			Situational
0350	REF	Billing Provider Secondary Identification	О	2			Situational
LOOP	ID 2200				100		
1300	<u>CLM</u>	Claim Information	O	1	<u>100</u>		Required
1350	DTP	Date - Onset of Current Illness	0	1			Situational
		or Symptom					Situational
1350 1350	DTP DTP	Date - Initial Treatment Date Date - Last Seen Date	O O	1 1			Situational Situational
1350	DTP	Date - Last Seen Date Date - Acute Manifestation	0	1			Situational
1350		Date - Accident		1			Situational
1350	DTP DTP	Date - Accident Date - Last Menstrual Period	O O	1			Situational
	DTP						Situational
1350		Date - Last X-ray Date	O O	1			Situational Situational
1350	DTP	Date - Hearing and Vision Prescription Date	U	1			Situational
1350	DTP	Date - Disability Dates	O	1			Situational
1350	DTP	Date - Last Worked	0	1			Situational
1350	DTP	Date - Authorized Return to	0	1			Situational
			-	-			

LOOP I	D - 2310E	3			<u>1</u>	N2/2500L	
		Identification					
2710	REF	Referring Provider Secondary	O	3			Situational
2500	NM1	Referring Provider Name	O	1		N2/2500	Situational
LOOP I	D - 2310A				2	N2/2500L	
2410	HCP	Claim Pricing/Repricing Information	О	1			Situational
2310	HI	Condition Information	0	2			Situational
2310	HI	Anesthesia Related Procedure	0	1			Situational
2310	HI	Health Care Diagnosis Code	0	1			Required
2200	CRC	EPSDT Referral	O	1			Situational
2200	CRC	Homebound Indicator	O	1			Situational
		Vision					
2200	CRC	Patient Condition Information:	O	3			Situational
2200	CRC	Ambulance Certification	O	3			Situational
2000	CR2	Spinal Manipulation Service Information	О	1			Situational
		Information	J			112,1730	~
1950	CR1	Ambulance Transport	0	1		N2/1950	Situational
1900	NTE	Claim Note	0	10			Situational
1850	KEF K3	File Information	0	10			Situational
1800	REF	Identifier Care Plan Oversight	О	1			Situational
1800	REF	Demonstration Project	O	1			Situational
1800	REF	Medical Record Number	O	1			Situational
		Transmission Intermediaries					
1800	REF	Claim Identifier For	О	1			Situational
1800	REF	Investigational Device Exemption Number	О	1			Situational
1000	DEE.	Number	0				g
1800	REF	Adjusted Repriced Claim	O	1			Situational
1800	REF	Repriced Claim Number	O	1			Situational
		Improvement Amendment (CLIA) Number					
1800	REF	Clinical Laboratory	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Referral Number	O	1			Situational
		Number		-			2
1800	REF	4081) Crossover Indicator Mammography Certification	О	1			Situational
1800	REF	Mandatory Medicare (Section	O	1			Situational
1800	REF	Service Authorization Exception Code	О	1			Situational
1750	AMT	Patient Amount Paid	0	1			Situational
1600	CN1	Contract Information	0	1			Situational
		Information	_				
1550	PWK	Claim Supplemental	O	10			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1350	DTP	Property and Casualty Date of First Contact	О	1			Situational
		Relinquished Care Dates					
1350	DTP	Date - Assumed and	O	2			Situational
1350	DTP	Date - Discharge	0	1			Situational
1350	DTP	Date - Admission	O	1			Situational

2500 2550	3.73.7.1	D 1 ' D '1 M	0	4		NO (0500	G: 1
	NM1 PRV	Rendering Provider Name Rendering Provider Specialty	0 0	1 1		N2/2500	Situational Situational
		Information		_			
2710	REF	Rendering Provider Secondary Identification	О	4			Situational
LOOP I	D - 23100	C	·		1	N2/2500L	.
2500	NM1	Service Facility Location Name	О	1	_	N2/2500	Situational
2650	N 3	Service Facility Location Address	O	1			Required
2700	N4	Service Facility Location City, State, ZIP Code	О	1			Required
2710	REF	Service Facility Location Secondary Identification	О	3			Situational
2750	PER	Service Facility Contact Information	О	1			Situational
LOOP I	D - 2310I)			1	N2/2500L	
2500	NM1	Supervising Provider Name	O	1		N2/2500	Situational
2710	REF	Supervising Provider	O	4			Situational
		Secondary Identification					
LOOP I	D - 2310H	Ξ			1	N2/2500L	
2500	NM1	Ambulance Pick-up Location	O	1	_	N2/2500	Situational
2650	N3	Ambulance Pick-up Location Address	О	1			Required
2700	N4	Ambulance Pick-up Location City, State, Zip Code	О	1			Required
LOOP I	D - 2310H	7			1	N2/2500L	
2500	NM1	Ambulance Drop-off Location	0	1		N2/2500 N2/2500	Situational
2650	N3	Ambulance Drop-off Location	O	1		1,2,2500	Required
		Address					
2700	N4	Address Ambulance Drop-off Location City, State, Zip Code	O	1			Required
<u> </u>	<u>.</u>	Ambulance Drop-off Location	O	1	. 10	N2/2000I	Required
LOOP I	ID - 2320	Ambulance Drop-off Location City, State, Zip Code			<u>10</u>	N2/2900L N2/2900	
LOOP I 2900	ID - 2320 SBR	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information	0	1	<u>10</u>	N2/2900L N2/2900	Situational
LOOP I 2900 2950	ID - 2320 SBR CAS	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information Claim Level Adjustments	0	1 5	10		Situational Situational
LOOP I 2900	ID - 2320 SBR	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information Claim Level Adjustments Coordination of Benefits	0	1	10		Situational
LOOP I 2900 2950	ID - 2320 SBR CAS	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information Claim Level Adjustments Coordination of Benefits (COB) Payer Paid Amount Coordination of Benefits (COB) Total Non-covered	0	1 5	<u>10</u>		Situational Situational
2900 2950 3000 3000	SBR CAS AMT	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information Claim Level Adjustments Coordination of Benefits (COB) Payer Paid Amount Coordination of Benefits (COB) Total Non-covered Amount	0 0 0	1 5 1	<u>10</u>		Situational Situational Situational
LOOP I 2900 2950 3000	ID - 2320 SBR CAS AMT	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information Claim Level Adjustments Coordination of Benefits (COB) Payer Paid Amount Coordination of Benefits (COB) Total Non-covered	0 0 0	1 5 1	10		Situational Situational Situational
2900 2950 3000 3000	SBR CAS AMT AMT	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information Claim Level Adjustments Coordination of Benefits (COB) Payer Paid Amount Coordination of Benefits (COB) Total Non-covered Amount Remaining Patient Liability Other Insurance Coverage	0 0 0 0	1 5 1 1	10		Situational Situational Situational Situational
2900 2950 3000 3000 3000 3100 3200	SBR CAS AMT AMT OI	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information Claim Level Adjustments Coordination of Benefits (COB) Payer Paid Amount Coordination of Benefits (COB) Total Non-covered Amount Remaining Patient Liability Other Insurance Coverage Information Outpatient Adjudication Information	0 0 0 0	1 5 1 1	<u>10</u>		Situational Situational Situational Situational Required
2900 2950 3000 3000 3000 3100 3200	SBR CAS AMT AMT OI MOA	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information Claim Level Adjustments Coordination of Benefits (COB) Payer Paid Amount Coordination of Benefits (COB) Total Non-covered Amount Remaining Patient Liability Other Insurance Coverage Information Outpatient Adjudication Information	0 0 0 0	1 5 1 1		N2/2900	Situational Situational Situational Situational Required
2900 2950 3000 3000 3000 3100 3200	SBR CAS AMT AMT OI MOA CD - 2330A	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information Claim Level Adjustments Coordination of Benefits (COB) Payer Paid Amount Coordination of Benefits (COB) Total Non-covered Amount Remaining Patient Liability Other Insurance Coverage Information Outpatient Adjudication Information	0 0 0 0	1 5 1 1 1 1		N2/2900	Situational Situational Situational Situational Situational Required Situational
2900 2950 3000 3000 3000 3100 3200 LOOP I	D - 2320 SBR CAS AMT AMT OI MOA D - 2330A NM1	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information Claim Level Adjustments Coordination of Benefits (COB) Payer Paid Amount Coordination of Benefits (COB) Total Non-covered Amount Remaining Patient Liability Other Insurance Coverage Information Outpatient Adjudication Information Other Subscriber Name	0 0 0 0	1 5 1 1 1 1		N2/2900	Situational Situational Situational Situational Situational Required Situational
2900 2950 3000 3000 3000 3100 3200 LOOP I 3250 3320	D - 2320 SBR CAS AMT AMT OI MOA D - 2330A NM1 N3	Ambulance Drop-off Location City, State, Zip Code Other Subscriber Information Claim Level Adjustments Coordination of Benefits (COB) Payer Paid Amount Coordination of Benefits (COB) Total Non-covered Amount Remaining Patient Liability Other Insurance Coverage Information Outpatient Adjudication Information Other Subscriber Name Other Subscriber Address Other Subscriber City, State,	0 0 0 0 0	1 5 1 1 1 1 1		N2/2900	Situational Situational Situational Situational Situational Required Situational

3250	NM1	Other Payer Name	O	1		N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4	Other Payer City, State, ZIP Code	О	1			Situational
3500	DTP	Claim Check or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	2			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Claim Control Number	О	1			Situational
LOOP	ID - 23300	۲			2	N2/3250L	
3250	NM1	Other Payer Referring	0	1	<u>4</u>	N2/3250L N2/3250	Situational
3230	111111	Provider	O	•		112/3230	Situational
3550	REF	Other Payer Referring Provider Secondary	O	3			Required
		Identification					
LOOP	ID - 23301	D			1	N2/3250L	
3250	NM1	Other Payer Rendering	O	1	<u> </u>	N2/3250	Situational
		Provider					
3550	REF	Other Payer Rendering	О	3			Required
		Provider Secondary Identification					
LOOD	ID 22201				1	NO/22501	
3250	ID - 23301 NM1	Other Payer Service Facility	O	1	<u>1</u>	N2/3250L N2/3250	Situational
3230	TVIVII	Location	O	1		112/3230	
3550	REF	Other Payer Service Facility Location Secondary Identification	O	3			Required
LOOP	ID - 23301	r			. 1	N2/3250L	
3250	NM1	Other Payer Supervising Provider	О	1	Ŧ	N2/3250L N2/3250	Situational
3550	REF	Other Payer Supervising Provider Secondary	O	3			Required
		Identification					
LOOP	ID - 23300	G	·		1	N2/3250L	
3250	NM1	Other Payer Billing Provider	О	1	-	N2/3250	Situational
3550	REF	Other Payer Billing Provider	O	2			Required
		Secondary Identification					
LOOP	ID - 2400		Ÿ		<u>50</u>	N2/3650L	
3650	LX	Service Line Number	O	1		N2/3650	Required
3700	SV1	Professional Service	O	1			Required
4000	SV5	Durable Medical Equipment Service	О	1			Situational
4200	PWK	Line Supplemental Information	О	10			Situational
4200	PWK	Durable Medical Equipment Certificate of Medical	О	1			Situational
4250	CR1	Necessity Indicator Ambulance Transport	0	1		N2/4250	Situational

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1250	CD2	Information	0	1			G': 1: 1
4350	CR3	Durable Medical Equipment Certification	О	1			Situational
4500	CRC	Ambulance Certification	O	3			Situational
4500	CRC	Hospice Employee Indicator	O	1			Situational
4500	CRC	Condition Indicator/Durable	0	1			Situational
		Medical Equipment		_			
4550	DTP	Date - Service Date	O	1			Required
4550	DTP	Date - Prescription Date	O	1			Situational
4550	DTP	DATE - Certification Revision/Recertification Date	O	1			Situational
4550	DTP	Date - Begin Therapy Date	O	1			Situational
4550	DTP	Date - Last Certification Date	O	1			Situational
4550	DTP	Date - Last Seen Date	O	1			Situational
4550	DTP	Date - Test Date	O	2			Situational
4550	DTP	Date - Shipped Date	O	1			Situational
4550	DTP	Date - Last X-ray Date	O	1			Situational
4550	DTP	Date - Initial Treatment Date	O	1			Situational
4600	QTY	Ambulance Patient Count	O	1			Situational
4600	QTY	Obstetric Anesthesia Additional Units	O	1			Situational
4620	MEA	Test Result	O	5			Situational
4650	CN1	Contract Information	O	1			Situational
4700	REF	Repriced Line Item Reference Number	O	1			Situational
4700	REF	Adjusted Repriced Line Item Reference Number	О	1			Situational
4700	REF	Prior Authorization	O	5			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Mammography Certification Number	O	1			Situational
4700	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1			Situational
4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1			Situational
4700	REF	Immunization Batch Number	O	1			Situational
4700	REF	Referral Number	O	5			Situational
4750	AMT	Sales Tax Amount	O	1			Situational
4750	AMT	Postage Claimed Amount	O	1			Situational
4800	K 3	File Information	O	10			Situational
4850	NTE	Line Note	O	1			Situational
4850	NTE	Third Party Organization Notes	O	1			Situational
4880	PS1	Purchased Service Information	O	1			Situational
4920	HCP	Line Pricing/Repricing	O	1			Situational
		Information					
LOOP I	D - 2410				<u>1</u>	N2/4930L	
4930	LIN	Drug Identification	O	1		N2/4930	Situational
4940	CTP	Drug Quantity	O	1			Required
4950	REF	Prescription or Compound Drug Association Number	О	1			Situational
LOOP I	D - 2420A	1			1	N2/5000L	
5000	NM1	Rendering Provider Name	О	1	<u> </u>	N2/5000L N2/5000	Situational
2000	141411	Tondering I to vider I tallie	9	1		112/3000	Situational

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5050	PRV	Rendering Provider Specialty	O	1			Situational
		Information		• •			a
5250	REF	Rendering Provider Secondary Identification	О	20			Situational
LOOD	ID 24201	2				NATEGORE	
	ID - 24201				<u>1</u>	N2/5000L	Gtt 1
5000	NM1	Purchased Service Provider Name	О	1		N2/5000	Situational
5250	REF	Purchased Service Provider Secondary Identification	О	20			Situational
LOOP	ID - 24200	C.			1	N2/5000L	
5000	NM1	Service Facility Location	O	1	=	N2/5000	Situational
5140	N3	Service Facility Location	0	1		112/3000	Required
3140	143	Address	O	1			Required
5200	N4	Service Facility Location City, State, ZIP Code	O	1			Required
5250	REF		0	3			Situational
5250	KEF	Service Facility Location Secondary Identification	О	3			Situational
LOOD	ID 24201	•				NATEGORI	
	ID - 24201		0	1	<u>1</u>	N2/5000L	C:4 1
5000	NM1	Supervising Provider Name	0	1		N2/5000	Situational
5250	REF	Supervising Provider Secondary Identification	О	20			Situational
		·					
LOOP	ID - 24201				<u>1</u>	N2/5000L	
5000	NM1	Ordering Provider Name	O	1		N2/5000	Situational
5140	N3	Ordering Provider Address	O	1			Situational
5200	N4	Ordering Provider City, State, ZIP Code	О	1			Situational
5250	REF	Ordering Provider Secondary Identification	О	20			Situational
5300	PER	Ordering Provider Contact	O	1			Situational
		Information					
LOOP	ID - 24201	- ਦ			2	N2/5000L	
5000	NM1	Referring Provider Name	О	1	=	N2/5000	Situational
5250	REF	Referring Provider Secondary	0	20		112/3000	Situational
3230	KLI	Identification	O	20			Situational
LOOD	ID 24204					NATEGORI	
	ID - 24200		0	1	<u>1</u>	N2/5000L	C:44: 1
5000	NM1	Ambulance Pick-up Location	0	1		N2/5000	Situational
5140	N3	Ambulance Pick-up Location Address	О	1			Required
5200	N4	Ambulance Pick-up Location	O	1			Required
3200	114	City, State, Zip Code	O	1			Required
LOOP	ID 24201				1	NO/FOOT	
	ID - 24201		0	1	<u>1</u>	N2/5000L	C:+
5000	NM1	Ambulance Drop-off Location	0	1		N2/5000	Situational
5140	N3	Ambulance Drop-off Location Address	О	1			Required
5200	N4	Ambulance Drop-off Location City, State, Zip Code	O	1			Required
		city, batte, Zip Code					
	ID - 2430				<u>15</u>	N2/5400L	
5400	SVD	Line Adjudication Information	O	1		N2/5400	Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance Date	O	1			Required
5505	AMT	Remaining Patient Liability	O	1			Situational

LOOP	ID - 2440		·		<u>>1</u>	N2/5510L	,
5510	LQ	Form Identification Code	O	1	· <u></u>	N2/5510	Situational
5520	FRM	Supporting Documentation	M	99		N2/5520	Required
LOOP	ID - 20000	~			<u>>1</u>		
0010	HL	Patient Hierarchical Level	O	1	<u>21</u>		Situational
0070	PAT	Patient Information	0	1			Required
	ID - 20100			1	1	N2/0150L	Required
0150	NM1	Patient Name	0	1	<u> </u>	N2/0150L	Required
0250	N3	Patient Address	0	1		112/0130	Required
0300	N4	Patient City, State, ZIP Code	0	1			Required
0300	DMG	Patient Demographic	0	1			Required
		Information					•
0350	REF	Property and Casualty Claim Number	О	1			Situational
0350	REF	Property and Casualty Patient Identifier	О	1			Situational
0400	PER	Property and Casualty Patient Contact Information	O	1			Situational
LOOP	ID - 2300		,		100		
1300	CLM	Claim Information	O	1	100		Required
1350	DTP	Date - Onset of Current Illness	O	1			Situational
		or Symptom					2
1350	DTP	Date - Initial Treatment Date	0	1			Situational
1350	DTP	Date - Last Seen Date	0	1			Situational
1350	DTP	Date - Acute Manifestation	0	1			Situational
1350	DTP	Date - Accident	0	1			Situational
1350	DTP	Date - Last Menstrual Period	O	1			Situational
1350	DTP	Date - Last X-ray Date	O	1			Situational
1350	DTP	Date - Hearing and Vision Prescription Date	О	1			Situational
1350	DTP	Date - Disability Dates	O	1			Situational
1350	DTP	Date - Last Worked	O	1			Situational
1350	DTP	Date - Authorized Return to Work	O	1			Situational
1350	DTP	Date - Admission	O	1			Situational
1350	DTP	Date - Discharge	O	1			Situational
1350	DTP	Date - Assumed and Relinquished Care Dates	О	2			Situational
1350	DTP	Property and Casualty Date of First Contact	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1550	PWK	Claim Supplemental Information	0	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Amount Paid	0	1			Situational
1800	REF	Service Authorization	0	1			Situational
		Exception Code					
1800	REF	Mandatory Medicare (Section 4081) Crossover Indicator	0	1			Situational
1800	REF	Mammography Certification Number	О	1			Situational
1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational

1800	REF	Clinical Laboratory	O	1			Situational
1000	1121	Improvement Amendment (CLIA) Number	Ü	-			
1800	REF	Repriced Claim Number	O	1			Situational
1800	REF	Adjusted Repriced Claim Number	O	1			Situational
1800	REF	Investigational Device Exemption Number	О	1			Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1			Situational
1800	REF	Medical Record Number	O	1			Situational
1800	REF	Demonstration Project Identifier	О	1			Situational
1800	REF	Care Plan Oversight	O	1			Situational
1850	K 3	File Information	O	10			Situational
1900	NTE	Claim Note	O	1			Situational
1950	CR1	Ambulance Transport Information	О	1		N2/1950	Situational
2000	CR2	Spinal Manipulation Service Information	O	1			Situational
2200	CRC	Ambulance Certification	O	3			Situational
2200	CRC	Patient Condition Information: Vision	О	3			Situational
2200	CRC	Homebound Indicator	O	1			Situational
2200	CRC	EPSDT Referral	O	1			Situational
2310	HI	Health Care Diagnosis Code	O	1			Required
2310	HI	Anesthesia Related Procedure	O	1			Situational
2310	HI	Condition Information	O	2			Situational
2410	HCP	Claim Pricing/Repricing Information	О	1			Situational
LOOP I	D - 2310A		•	•	2	N2/2500L	
2500	NM1	Referring Provider Name	O	1	_	N2/2500	Situational
2710	REF	Referring Provider Secondary Identification	O	3			Situational
LOOPI	D - 2310E				1	N2/2500L	
2500	NM1	Rendering Provider Name	O	1	1	N2/2500L N2/2500	Situational
2550	PRV	Rendering Provider Specialty	0	1		11/2/2500	Situational
		Information					
2710	REF	Rendering Provider Secondary Identification	0	4			Situational
LOOP I	D - 23100				1	N2/2500L	
2500	NM1	Service Facility Location Name	О	1		N2/2500	Situational
2650	N3	Service Facility Location Address	O	1			Required
2700	N4	Service Facility Location City, State, ZIP Code	O	1			Required
2710	REF	Service Facility Location Secondary Identification	О	3			Situational
2750	PER	Service Facility Contact Information	O	1			Situational
LOOP I	D - 2310I				1	N2/2500L	
2500	NM1	Supervising Provider Name	O	1		N2/2500 N2/2500	Situational
2710	REF	Supervising Provider Name Supervising Provider	0	4		1.2,2000	Situational
_, _,		Secondary Identification	~	•			

LOODI	D 2210T				1	N/2/25001	. .
	D - 2310E		0	1	<u>1</u>	N2/2500L	G: 1
2500	NM1	Ambulance Pick-up Location	0	1		N2/2500	Situational
2650	N3	Ambulance Pick-up Location Address	О	1			Required
2700	N4	Ambulance Pick-up Location City, State, Zip Code	О	1			Required
LOOP I	D - 2310F		•		1	N2/2500L	
2500	NM1	Ambulance Drop-off Location	О	1	-	N2/2500	Situational
2650	N3	Ambulance Drop-off Location Address	О	1			Required
2700	N4	Ambulance Drop-off Location City, State, Zip Code	О	1			Required
LOOP I	D - 2320				<u>10</u>	N2/2900L	
2900	SBR	Other Subscriber Information	O	1	10	N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5		1,2,2,00	Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	0	1			Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	О	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3100	OI	Other Insurance Coverage Information	0	1			Required
3200	MOA	Outpatient Adjudication Information	O	1			Situational
LOOP I	D - 2330A	•			1	N2/3250L	
3250	NM1	Other Subscriber Name	O	1	_	N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City, State, ZIP Code	О	1			Situational
3550	REF	Other Subscriber Secondary Identification	О	1			Situational
LOOP I	D - 2330E	<u> </u>			1	N2/3250L	
3250	NM1	Other Payer Name	0	1	<u> </u>	N2/3250	Required
3320	N3	Other Payer Address	Ö	1		1,2,5250	Situational
3400	N4	Other Payer City, State, ZIP Code	O	1			Situational
3500	DTP	Claim Check or Remittance Date	0	1			Situational
3550	REF	Other Payer Secondary Identifier	О	2			Situational
3550	REF	Other Payer Prior Authorization Number	О	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	0	1			Situational
3550	REF	Other Payer Claim Control Number	О	1			Situational
LOODI	D - 23300				2	N2/3250L	
3250	<u>.р - 23300</u> NM1	Cother Payer Referring	O	1	<u>4</u>	N2/3250L N2/3250	Situational
		Provider				112/3230	
3550	REF	Other Payer Referring Provider Secondary Identification	0	3			Required

LOOP	ID - 23301	<u> </u>			<u>1</u>	N2/3250L	
3250	NM1	Other Payer Rendering Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary	0	3			Required
		Identification					
LOOP	ID - 23301	E			1	N2/3250L	
3250	NM1	Other Payer Service Facility Location	О	1	_	N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	0	3			Required
LOOP	ID - 23301	ਜ			1	N2/3250L	
3250	NM1	Other Payer Supervising Provider	О	1	<u> </u>	N2/3250	Situational
3550	REF	Other Payer Supervising Provider Secondary Identification	0	3			Required
LOOP	ID - 23300	<u>. </u>			1	N2/3250L	
3250	NM1	Other Payer Billing Provider	O	1	Ţ	N2/3250L N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identification	0	2		112/3230	Required
LOOP	ID - 2400				50	N2/3650L	
3650	LX	Service Line Number	O	1	20	N2/3650	Required
3700	SV1	Professional Service	O	1			Required
4000	SV5	Durable Medical Equipment Service	O	1			Situational
4200	PWK	Line Supplemental Information	О	10			Situational
4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	О	1			Situational
4250	CR1	Ambulance Transport Information	О	1		N2/4250	Situational
4350	CR3	Durable Medical Equipment Certification	О	1			Situational
4500	CRC	Ambulance Certification	O	3			Situational
4500	CRC	Hospice Employee Indicator	O	1			Situational
4500	CRC	Condition Indicator/Durable Medical Equipment	O	1			Situational
4550	DTP	Date - Service Date	O	1			Required
4550	DTP	Date - Prescription Date	O	1			Situational
4550	DTP	DATE - Certification Revision/Recertification Date	O	1			Situational
4550	DTP	Date - Begin Therapy Date	O	1			Situational
4550	DTP	Date - Last Certification Date	O	1			Situational
4550	DTP	Date - Last Seen Date	O	1			Situational
4550	DTP	Date - Test Date	O	2			Situational
4550	DTP	Date - Shipped Date	O	1			Situational
4550	DTP	Date - Last X-ray Date	O	1			Situational
4550	DTP	Date - Initial Treatment Date	O	1			Situational
4600	QTY	Ambulance Patient Count	O	1			Situational
4600	QTY	Obstetric Anesthesia Additional Units	О	1			Situational

4620	MEA	Test Result	O	5			Situational
4650	CN1	Contract Information	O	1			Situational
4700	REF	Repriced Line Item Reference Number	O	1			Situational
4700	REF	Adjusted Repriced Line Item Reference Number	O	1			Situational
4700	REF	Prior Authorization	O	5			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Mammography Certification Number	0	1			Situational
4700	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1			Situational
4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1			Situational
4700	REF	Immunization Batch Number	O	1			Situational
4700	REF	Referral Number	O	5			Situational
4750	AMT	Sales Tax Amount	O	1			Situational
4750	AMT	Postage Claimed Amount	O	1			Situational
4800	K 3	File Information	O	10			Situational
4850	NTE	Line Note	O	1			Situational
4850	NTE	Third Party Organization Notes	O	1			Situational
4880	PS1	Purchased Service Information	O	1			Situational
4920	HCP	Line Pricing/Repricing Information	O	1			Situational
LOOP	ID - 2410				<u>1</u>	N2/4930L	
4930	LIN	Drug Identification	O	1		N2/4930	Situational
4940	CTP	Drug Quantity	O	1			Required
4950	REF	Prescription or Compound Drug Association Number	O	1			Situational
LOOP	ID - 2420A				1	N2/5000L	
5000	NM1	Rendering Provider Name	O	1		N2/5000 N2/5000	Situational
5050	PRV	Rendering Provider Specialty Information	0	1		112/3000	Situational
5250	REF	Rendering Provider Secondary Identification	О	20			Situational
LOOP	ID - 2420I	R			1	N2/5000L	<u> </u>
5000	NM1	Purchased Service Provider Name	О	1	1	N2/5000L N2/5000	Situational
5250	REF	Purchased Service Provider Secondary Identification	O	20			Situational
T.C.07	D 610	•				310/80007	
	ID - 24200		0	1	<u>1</u>	N2/5000L	G'' 1
5000	NM1	Service Facility Location	0	1		N2/5000	Situational
5140	N3	Service Facility Location Address	0	1			Required
5200	N4	Service Facility Location City, State, ZIP Code	0	1			Required
5250	REF	Service Facility Location Secondary Identification	0	3			Situational
LOOP	ID - 2420I	0			1	N2/5000L	
5000	NM1	Supervising Provider Name	О	1	_	N2/5000 N2/5000	Situational
5250	REF	Supervising Provider Supervising Provider	0	20		,	Situational
3230	111/1	Super ribing 1 10 rider					Dittautionui

		Secondary Identification					
LOOPI	D - 24201	ह.		•	1	N2/5000L	
5000	NM1	Ordering Provider Name	O	1	-	N2/5000	Situational
5140	N3	Ordering Provider Address	O	1			Situational
5200	N4	Ordering Provider City, State, ZIP Code	О	1			Situational
5250	REF	Ordering Provider Secondary Identification	О	20			Situational
5300	PER	Ordering Provider Contact Information	O	1			Situational
LOOPI	D - 24201	r			2	N2/5000L	
5000	NM1	Referring Provider Name	0	1	<u> </u>	N2/5000L	Situational
5250	REF	Referring Provider Secondary Identification	0	20		112/3000	Situational
LOOPI	D - 24200	Ç.			1	N2/5000L	
5000	NM1	Ambulance Pick-up Location	0	1	<u> </u>	N2/5000L N2/5000	Situational
5140	N3	Ambulance Pick-up Location Address	0	1		112/3000	Required
5200	N4	Ambulance Pick-up Location City, State, Zip Code	О	1			Required
LOOPI	D - 24201	H			1	N2/5000L	
5000	NM1	Ambulance Drop-off Location	0	1	±	N2/5000L	Situational
5140	N3	Ambulance Drop-off Location Address	0	1		1,2,0000	Required
5200	N4	Ambulance Drop-off Location City, State, Zip Code	О	1			Required
LOOP I	D - 2430				15	N2/5400L	
5400	SVD	Line Adjudication Information	O	1	_	N2/5400	Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance Date	О	1			Required
5505	AMT	Remaining Patient Liability	O	1			Situational
LOOP I	D - 2440				<u>>1</u>	N2/5510L	
5510	LQ	Form Identification Code	O	1	_	N2/5510	Situational
	FRM	Supporting Documentation	M	99		N2/5520	Required
5520			M	1			Required
5520	SE	Transaction Set Trailer	111				•
5550	22	Transaction Set Trailer	111				·
5550	22	Transaction Set Trailer Segment Name	Req	Max Use	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
5550 l ot Defi	ined:			Max Use	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u> Required

ISA Interchange Control Header

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 16

User Option (Usage): Required

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element	Summary	7:

Element 8	Summa	ry:							
<u>Ref</u>	<u>Id</u>	Element N	<u>ame</u>	Req	Type	Min/Max	<u>Usage</u>		
ISA01	I01	Authoriza	tion Information Qualifier	M	ID	2/2	Required		
		information	n: Code identifying the type of n in the Authorization Information Notes: Preferred value is '00'						
		<u>Code</u> 00 03	Name No Authorization Information Pradditional Data Identification	esent (No	o Meaning	gful Information	in I02)		
ISA03	I03	Security I	nformation Qualifier	M	ID	2/2	Required		
		information TennCare	n: Code identifying the type of n in the Security Information Notes: Preferred value is '00' tandard codes are used.						
ISA05	I05	Interchang	ge ID Qualifier	M	ID	2/2	Required		
		system/met designate the being quali	n: Code indicating the thod of code structure used to the sender or receiver ID element fied Notes: Preferred value is 'ZZ'						
		<u>Code</u>	Name						
		01	Duns (Dun & Bradstreet)						
		14	Duns Plus Suffix						
		20	Health Industry Number (HIN)						
		27	Carrier Identification Number as (HCFA)	s assigned by Health Care Financing Administrati					
		28	Fiscal Intermediary Identification Administration (HCFA)	tification Number as assigned by Health Care Financing					
		29	Medicare Provider and Supplier I Financing Administration (HCFA		tification Number as assigned by Health Care				
		30	U.S. Federal Tax Identification N	lumber					
		33	National Association of Insurance	e Comm	issioners (Company Code ((NAIC)		
		ZZ	Mutually Defined						
ISA06	I06		ge Sender ID	M	AN	15/15	Required		
		the sender ID to route codes this TennCare Trading Pa It will be T	n: Identification code published by for other parties to use as the receiver data to them; the sender always value in the sender ID element Notes: This value will be the Sender urtner ID for Inbound Transactions. ennCare's ID '626001445TC' for Transactions.						
ISA07	I05	Interchang	ge ID Qualifier	M	ID	2/2	Required		
		-	n: Code indicating the thod of code structure used to						

11/20/2011 Health Care Claim: Professional - 837

designate the sender or receiver ID element being qualified **TennCare Notes:** *Preferred value is 'ZZ'*

		Code	Name							
		01	Duns (Dun & Bradstreet)							
		14	Duns Plus Suffix							
		20	Health Industry Number (HIN)							
		27	Carrier Identification Number as (HCFA)	assigned	by Health	Care Financin	ng Administration			
		28	Fiscal Intermediary Identification Administration (HCFA)	n Number	as assign	ed by Health C	Care Financing			
		29		Medicare Provider and Supplier Identification Number as assigned by Hea Financing Administration (HCFA)						
		30	U.S. Federal Tax Identification N	lumber						
		33	National Association of Insuranc	e Commi	ssioners C	Company Code	(NAIC)			
		ZZ	Mutually Defined							
ISA08	I07	Interchange	Receiver ID	M	AN	15/15	Required			
		the receiver of used by the so other parties receiving ID Medicare Ac <i>TennCare's I Transactions</i>	iption: Identification code published by ceiver of the data; When sending, it is by the sender as their sending ID, thus parties sending to them will use this as a ing ID to route data to them care Advantage Notes: It will be Care's ID '626001445TC' for Inbound actions. This value will be the Sendering Partner ID for Outbound Transactions.							
ISA13	I12	Interchange	Control Number	M	N0	9/9	Required			
		interchange s	A control number assigned by the ender otes: System generated							
ISA15	I14	Interchange	Usage Indicator	M	ID	1/1	Required			
	Description: Code indicating whether data enclosed by this interchange envelope is test, production or information TennCare Notes: Use 'T' for Test Transactions and 'P' for Production Transactions.									
		<u>Code</u> P	<u>Name</u> Production Data							

T

Test Data

Health Care Claim: Professional - 837

11/20/2011

Functional Group Header GS

Pos: Max: 1 **Not Defined - Mandatory** Loop: N/A Elements: 8

User Option (Usage): Required

Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

<u>Ref</u> GS02	<u>Id</u> 142	Element Name Application Sender's Code	Req M	Type AN	Min/Max 2/15	<u>Usage</u> Required
		Description: Code identifying party sending transmission; codes agreed to by trading partners TennCare Notes: Same as ISA06.				
GS03	124	Application Receiver's Code	M	AN	2/15	Required
		Description: Code identifying party receiving transmission; codes agreed to by trading partners TennCare Notes: Same as ISA08.				

Transaction Set Header ST

Pos: 0050 Max: 1 **Heading - Mandatory** Loop: N/A Elements: 3

User Option (Usage): Required

Purpose: To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
ST02	329	Transaction Set Control Number		AN	4/9	Required
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set				
		TennCare Notes: <i>Unique number assigned by sender. Must be identical to SE02.</i>				

Beginning of Hierarchical BHT Transaction

Reporting

Pos: 0100 **Heading - Mandatory** Loop: N/A Elements: 6

User Option (Usage): Required

Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

\mathbf{E}

Element S	Summa	ry:					
<u>Ref</u>	<u>Id</u>	Element	<u>Name</u>	Req	Type	Min/Max	<u>Usage</u>
BHT06	640	Transaction Type Code			ID	2/2	Required
		Description transaction	on: Code specifying the type of n				
	Medicare Advantage Notes: Error Message:						
		BHT06 co	ode Invalid. Valid Transaction Type				
		Code for '	Tenncare is 'CH'. Description: Valid				
	Transaction Type Code for Tenncare is 'CH'.						
		Code	<u>Name</u>				
		31	Subrogation Demand				
		CH	Chargeable				

RP

Billing Provider Name NM1

Pos: 0150 Max: 1 **Detail - Optional** Loop: Elements: 8 2010AA

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

Ref	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
NM109	67	Identification Code	X	AN	2/80	Situational

Description: Code identifying a party or other

Medicare Advantage Notes:

Error Message: Tenncare requires Billing Provider NPI to be present on all transactions. **Description:** Billing provider NPI (Where 2010AA NM108 = 'XX') is required on all transactions.

Subscriber Name NM1

Pos: 0150 Max: 1 **Detail - Optional** Loop: **Elements: 8** 2010BA

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	<u>Req</u>	<u>Type</u>	Min/Max	<u>Usage</u>
NM109	67	Identification Code	X	AN	2/80	Situational

Description: Code identifying a party or other code

Medicare Advantage Notes:

Error Message: TennCare requires the Member Identification Number to be a numeric value either 9 or 11 bytes in length with no separators.

Description: 2010BA NM109 where NM108=MI (NM109 67 Identification Code) Social Security Number as the Member ID, must be a string of exactly 9 numbers with no separators. RID must be a string of 11.

SBR Other Subscriber Information

Pos: 2900 Max: 1 Detail - Optional Loop: 2320 Elements: 6

User Option (Usage): Situational

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
SBR09	1032	Claim Filing Indicator Code	O	ID	1/2	Situational

Description: Code identifying type of claim **Medicare Advantage Notes:** Error Message: Claim Filing Indicator code (SBR09) is Invalid. 'MA' or 'MB' should be used. Description: Claim Filing Indicator code is Invalid. 'MA' or 'MB' should be used on Cross over and Medicare Advantage claims.

nicare raventage cannis.				
Code	<u>Name</u>			
11	Other Non-Federal Programs			
12	Preferred Provider Organization (PPO)			
13	Point of Service (POS)			
14	Exclusive Provider Organization (EPO)			
15	Indemnity Insurance			
16	Health Maintenance Organization (HMO) Medicare Risk			
17	Dental Maintenance Organization			
AM	Automobile Medical			
BL	Blue Cross/Blue Shield			
CH	Champus			
CI	Commercial Insurance Co.			
DS	Disability			
FI	Federal Employees Program			
HM	Health Maintenance Organization			
LM	Liability Medical			
MA	Medicare Part A			
MB	Medicare Part B			
MC	Medicaid			
OF	Other Federal Program			
TV	Title V			
VA	Veterans Affairs Plan			
WC	Workers' Compensation Health Claim			
ZZ	Mutually Defined			